

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: CATHETER WITH PUNCTURE SENSOR

Attorney Docket Number:: 011350-334

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 34

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Takashi

Middle Name::

Family Name:: YAMAMOTO

Name Suffix::

City of Residence:: Ashigarakami-gun

State or Province of Residence:: Kanagawa

Country of Residence:: Japan

Street of Mailing Address:: c/o Terumo Kabushiki Kaisha, 1500, Inokuchi,
Nakai-machi

City of Mailing Address:: Ashigarakami-gun

State or Province of Mailing Address:: Kanagawa

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address:: 259-0151

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Yoshitaka

Middle Name::

Family Name:: OOMURA

Name Suffix::

City of Residence:: Ashigarakami-gun

State or Province of Residence:: Kanagawa

Country of Residence:: Japan

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Postal or Zip Code of Mailing Address:: 259-0151

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Yukinori

Middle Name::

Family Name:: KUBOTERA

Name Suffix::

City of Residence:: Ashigarakami-gun

State or Province of Residence:: Kanagawa

Country of Residence:: Japan

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State or Province of Mailing Address:: Kanagawa

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing
Address:: 259-0151

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| Japan | 2003-085435 | 03/26/03 | Yes |
| Japan | 2003-090226 | 03/28/03 | Yes |
| Japan | 2004-044320 | 02/20/04 | Yes |
| Japan | 2003-036990 | 02/14/03 | No |

Assignee Information

Assignee Name:: TERUMO KABUSHIKI KAISHA
Street of Mailing Address:: 44-1, Hatagaya 2-chome
City of Mailing Address:: Shibuya-ku
State or Province of Mailing Address:: Tokyo
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 151-0072